



PROVIDER BULLETIN

State of Washington • Department of Labor and Industries

91-01

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**Screening criteria for
surgery to treat knee injuries**

INPATIENT CARE REQUIREMENTS

All inpatient care must be authorized before admission

Medical providers are reminded all inpatient hospitalizations must be evaluated prior to admission. This evaluation is conducted for the State Fund by a contracted utilization review vendor, August Healthcare Services (AHS)

Providers in Washington, Oregon and Idaho initiate the review process by calling the Inpatient Notification Line at 1-800-541-2894. Providers outside these three states should call (206) 58-5235. Refer to Provider Bulletins 88-09, 88-11, 89-07 and 90-09 if you need additional information about the Inpatient Utilization Review Program.

AHS makes recommendations to the State Fund about the medical necessity and appropriateness of surgeries and admissions. The claims manager makes an authorization decision and notifies the physician of the final determination.

Providers should not proceed with elective surgery or admission until the claims manager has notified the provider of the authorization.

Authorization requirements should not delay treatment for emergent conditions.

Providers should not delay surgical intervention if delay will compromise a worker's health, safety, or chance for a good surgical outcome. In the event of an emergency admission, providers should telephone the State Fund (same telephone numbers as previously listed) within 24 hours, or the first working day, following the admission.

TO:

**PHYSICIANS
CLINICS
FREE STANDING SURGERY CLINICS
FREE STANDING EMERGENCY
CLINICS
HOSPITAL ADMINISTRATORS**

PLEASE ROUTE TO:

**Utilization Review
Quality Assurance
Medical Records
Patient Accounts
Inpatient Utilization
Internal Audits
Admitting**

FROM:

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SCREENING CRITERIA FOR SURGERY TO TREAT KNEE INJURIES, NO. 7

To ensure treatment rendered to workers is medically necessary and of good quality' the State Fund works with the medical community and the Washington State Medical Association's Industrial Insurance and Rehabilitation Committee (WSMA) to develop screening criteria for surgical procedures. Inpatient surgical criteria presented in this bulletin were developed through these joint efforts.

The following surgical criteria are used to evaluate requests for inpatient surgical intervention to treat knee injuries:

- *Anterior cruciate ligament tear*
- *Dislocated patella*
- *Degenerative joint disease*

Other previously published screening criteria include:

Conservative Care of Acute and Chronic Back Pain (Bulletin 88 09, Criteria No.1)

Screening Criteria for Lumbar Arthrodesis with or without Instrumentation
(Bulletin 88-16, Criteria No. 2)

Screening Criteria for Entrapment of a Single Lumbal Spinal Nerve, Cauda Equina
and Thoracic Outlet Syndrome (Bulletin 90-01, Criteria No. 3, 4 and 5).

Screening Criteria for Surgery to Treat Shoulder Injuries (Bulletin 90-09, Criteria No.6)

CRITERIA FOR AUTHORIZING SURGERY - KNEES			
PROCEDURE	CLINICAL FINDINGS		
	SUBJECTIVE	OBJECTIVE	DIAGNOSTIC
ANTERIOR CRUCIATE LIGAMENT (ACL) REPAIR	(Pain alone is not an indication) AND Instability of the knee; described as "buckling or giving way" _____ Supportive findings: Significant effusion at time of injury AND/OR Description of injury indicates a rotary twisting or hyperextension occurred	Positive Lachman's sign _____ Supportive findings: Positive pivot shift AND/OR Positive anterior drawer AND/OR Positive KT 1000 > 3-5 mm = +1 > 5-7 mm = +2 > 7 mm = +3	Positive findings with: Arthrogram OR MRI OR Arthroscopy
PATELLA TENDON RE-ALIGNMENT OR MAQUET PROCEDURE	Rest-sitting pain	AND Pain with patellar/femoral movement AND/OR Recurrent dislocations	AND Recurrent effusion AND Patella apprehension AND Synovitis with or without crepitus AND Lateral tracking AND Increased Q angle >15 degrees
KNEE JOINT REPLACEMENT	Limited range of motion AND Night pain of the joint AND No relief of pain with conservative care	AND Significant loss or erosion of cartilage to the bone	AND Positive findings with: Standing films OR Arthroscopy
(If 2 of the 3 compartments are affected, a total joint replacement is indicated. If only 1 compartment is affected, a unicompartamental or partial replacement is indicated.)			

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